

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90050 001 ***277.50

DOCUMENT # L06000019180

1. Entity Name
JW LAND HOLDINGS-B, LLC



Principal Place of Business
33 E WALL STREET
FROSTPROOF, FL 33843

Mailing Address
33 E WALL STREET
FROSTPROOF, FL 33843

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



01152008 Chg-LLC CR2E083 (12/06)

21299 US Hwy 27
Lake Wales, FL
33859-6851

P. O. BOX 3737
Lake Wales, FL
33859-3737

4. FEI Number
Not Applicable ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, P T
33 EAST WALL STREET
FROSTPROOF, FL 33843

David A. Miller
21299 US Hwy 27
Lake Wales, FL 33859-6851

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David A. Miller

(NOTE: Registered Agent signature required when reinstating)

4/23/2008
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME WILSON, PATRICIA
STREET ADDRESS 2200 N SCENIC HWY
CITY-ST-ZIP BABSON PARK, FL 33827

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Patricia Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4-24-08

Daytime Phone #

(863) 679-6700